

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213530611			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AGL C&I Energy Services Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2013</p> <p>SCC ID NO: F1712399</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: TEN PEACHTREE PLACE NE LOCATION 1466</p> <p style="text-align: center;">CITY/ST/ZIP: ATLANTA, GA 30309</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PETER I TUMMINELLO TITLE: PRESIDENT ADDRESS: TEN PEACHTREE PLACE NE LOCATION 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PETER I TUMMINELLO TITLE: PRESIDENT ADDRESS: TEN PEACHTREE PLACE NE LOCATION 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JOHN W. SOMERHALDER, II TITLE: CEO ADDRESS: TEN PEACHTREE PLACE NE LOCATION 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MYRA C. BIERRIA TITLE: SECRETARY ADDRESS: TEN PEACHTREE PLACE NE LOCATION 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MYRA C. BIERRIA TITLE: SECRETARY ADDRESS: TEN PEACHTREE PLACE NE LOCATION 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA P. CHRISTOPHER ASST SECRETARY TEN PEACHTREE PLACE NE LOCATION 1466 ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN K LITTLE SVP/CFO TEN PEACHTREE PLACE NE LOCATION 1466 ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAT T. TRAN ASST SECRETARY TEN PEACHTREE PLACE NE LOCATION 1466 ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW W. EVANS DIRECTOR TEN PEACHTREE PL NE LOCATION 1466 ATLANTA, GA 30309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL R. SHLANTA DIRECTOR TEN PEACHTREE PLACE NE LOCATION 1466 ATLANTA, GA 30309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Grace A. Kolvereid VICE PRESIDENT Ten Peachtree Place NE Location 1466 Atlanta, GA 30309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BARBARA P. CHRISTOPHER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BARBARA P. CHRISTOPHER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/28/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			